The National Drug Policy:

More than a Health Issue

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Sec. Alfredo Bengzon: The issue on the National Drug Policy, as you will probably see during the course of the discussion, is not just a health issue. It is a political issue; it affects economy and trade; it is national in scope; and yes, it is, in fact, a peace issue. Because if we define peace as that which requires a balance between redress of grievances on one hand and the need for public order on the other; if we can understand, together with our brothers and sisters from the grassroots in Mindanao, that beyond clarifying the concept of autonomy, what is more important in the search for peace is potable water and services, roads and bridges, making government work, then I think we can very easily conclude that the whole issue which we call the National Drug Policy is, in fact, a very concrete, very realistic, very pragmatic approach to the major problem in this country - that of peace. It is an issue that grabs all of us by the heart, whatever economic sector or portion of the political spectrum you belong to.

I would like to talk about the essential elements of the National Drug Policy. Pushing some pencils, we figured that for the past 18 years, a pharmaceutical company had been cornering the market and making huge profits from it. Looking at the share of that company in the market, which was about 20-22% and sometimes at about 50%, we figured that the company has been given at least half a billion pesos extra-profit. So I made a decision. I said if this company wants to participate in the bidding for the pharmaceutical department of the Department, then it had to make restitution. It had to pay back the government, not necessarily the Department, at least half a billion pesos. There was no precedent for this kind of action and soon we discussed this with the PCGG (Presidential Commission on Good Government). After the company's owners sent their emissaries, we said that unless they pay back, you will not be allowed to participate in the bidding. Several months later, PCGG Commissioner Ramon Diaz sent me a letter saying that the company had, in fact, paid back more than half a billion pesos to the government.

I bring out this point because I think it's possible to demand restitution if we have the clear-mindedness and the will to do so. And perhaps that message is meant to go beyond the confines of this hall, out there to my colleagues in government.

Anyway, as a result of that, I became very concerned about the price of medicine just like any housewife because the Department is the single biggest buyer of pharmaceutical products. Although we buy only about 10% of gross sales, we spend about 16 to 17% of the entire Departmental budget. And by 1988 figures, if our national budget is 5 billion, 16% is about 850 million, so 10% of gross sales is 85 million. Hindi na maliit iyan. So I asked Undersecretary Gamboa to see what he could do about the matter, being concerned only as a consumer. Little did I know that I had opened a pandora's box.

First, we were surprised to discover that over the years, no policy has been developed by past ministries when it came to pharmaceuticals. Later, I was told that one of the earlier secretaries had attempted to do what we have been doing this past year. He was warned by one multilateral agency that "your position in the Department may be in danger". But we came in under a revolutionary government and I'm always energized by a fight. So I asked Gamboa to constitute a task force to see what we could do to get better terms. As we proceeded to make that study, we discovered that there were many other issues that needed to be addressed. So that task force was enlarged. It was composed of people from the medical profession, from academe - UP, of course - but we also had a few people from the drug industry itself.

This is an important point because I would like to believe that there are many people in the drug industry who are there as professionals, who are there to earn a living, but who have not forgotten that when all is said and done, they're still principally citizens of this Republic. That study led to the formulation of a reference paper. This reference paper became the reason for calling a multi-sectoral consultation last November 19, 1986. We called for the participation of anybody involved in the production of pharmaceuticals: all the so-called manufacturers, importers, producers, middlemen, as well as all sorts of health professionals and also consumer groups and people who were not necessarily in health. And I remember very well that I had said, "What we do here today, November 19, may not be as dramatic, but may, in fact, have a lot more far-reaching consequences than what's being talked about in the papers, such as coup attempts". And I think it had. We gave everybody a five- to six-page reference paper, and we told all the participants to respond to the concerns outlined in the paper. Two months after, participants submitted their responses, which we summarized and sent back to all participants, so they would know how everyone else thought about it. We then asked them again to submit written responses. By the time we reached the second stage, we had given word to the Department and to the legal staff of the Office of the President that there was going to be a third stage; namely, a face-to-face consultation involving all the participants. It was important that we were moving from activities of the mind to activities involving emotions. The other thing we did was to constitute a small group of four to five people and sent them to four countries (Indonesia, Thailand, Malaysia, South Korea) to see for themselves how these countries handle their phamaceutical requirements. After we had all the studies, the leadership of the

Department holed up for three days at the Lung Center, to see what we had to work on. Before that, my instructions to everyone were to keep to ourselves whatever each of us thought, felt or was biased for and to stay as neutral as possible, so that it could not be said by people that the Department of Health did not conduct these sessions without trying to minimize their biases.

By the time our recommendations were drafted and presented to the President and to Executive Secretary Arroyo, in the beginning of 1987, sa palagay ko, masasabi natin na medyo himay na ito. Siguro hinog na.

Seven issues were distilled from the various discussions which finally became the bases for formulating the essential elements of the National Drug Policy presented to the President. After discussions with her, the Pesident asked, "When do I sign?" So, on April 30, 1987, at the inauguration of the 12 million dollar new Bureau of Food and Drugs Building at Alabang, the President first enunciated what is now known as the National Drug Policy of this Republic.

I have been taught before that there is no such thing as luck. Luck is when preparation meets opportunity. What I would like to do for you today, among other things, is to prepare you so that when you leave these halls, any opportunity you meet will be turned into action.

I think the second lesson to be learned from this is that there is no incompatibility between intensive and extensive processes in consultation, which is one of the essential elements of democracy. The fine composition and finalization of a well- thought-out, well-directed plan of action-program can be enforced by political will and consultations, and by paying attention to the requirements of democracy.

Of all the criticisms we have received about the policy, no one (and I'm referring to the industry) has said that in the fomulation of the National Drug Policy, they were not given a chance to be read or heard. But there is a difference between being heard and government doing what it must do in order to carry out its responsibilities vis-a-vis the Filipino people.

Let me now go to the second part which is on the essential elements of the National Drug Policy: safe and effective medicine; rational use of pharmaceutical products; and self-sufficiency or self-reliance, of which the permutation is in the transition, when government exerts effort and asserts itself as an active participant in fulfilling procurement requirements.

Notice that nowhere do I say "cheaper or inexpensive medicine". But if all these objectives are met - safe and effective medicines, rational use, and self-reliance - the net result is medicine that is bought fairly, medicine that is manufactured, distributed, prescribed, and bought with the consumer being able to exercise his option. Let me say here that what the National Drug Policy seeks to do is to create an atmosphere and to set ground rules under which anyone and everyone who does business can do so for the benefit, but not at the expense of, the Filipino people.

Let us tackle each of these pillars one by one. Somebody out there may ask, "Bakit mayroon ba tayong problema sa mga gamot na di-ligtas at di-epektibo?" Palagay ko, hindi na kailangang mag-amplify pa diyan masyado dahil nitong mga nakaraang linggo, nakita ninyo sa mga pahayagan at mga hearings sa Kongreso na mayroong 265 types of medicines that are banned, withdrawn or restricted in other countries, but which are registered here.

I can file an excuse by saying that we inherited that situation. Yes, we did inherit that situation, but we should also say that the Food and Drug Administration (FDA) is coming from a past, not just the recent past or the last 14 years, but way back when it was doing things in unprofessional or unwholesome ways. One of our own people in Health said, "It seems that the FDA is there to serve the industry rather than to tell the industry how to carry out business."

We have 12,000 products out there on the shelves as of now, about 3,500 of which are what I call brand goods. What do I mean by brand goods? Let's take Temputin, a type of antibiotic whose

generic name is Ampicillin. Temputin capsules, Temputin tablets, Temputin 250, Temputin 500, Temputin liquid: these are all products of one brand good. When you have a situation like this, you open the doors to, among other things, "need-to-products". At magaling tayong mga Pilipino diyan.

The situation in the drug industry is not simply to be laid on the doorstep of the foreign companies. We are as responsible as anybody else because of this desire for instant gratification. Practically all of our Filipino entrepreneurs are middlemen and it's very easy to be a middleman in pharmaceuticals. All you need are three people to put up a corporation, capitalize it at 20,000 pesos, secure a contract from the Department of Health, and then using your saliva, invent and import certain things, and have Marsman or Interphil package things for you. Very easy. Whose fault is that? It is still ours. So the pillar of safe and effective medicine is important because that is a major foundation of any policy.

Necessarily, there has to be regulation in any kind of business. That is why in her policy speech, the President said that we should tackle whatever it takes to improve Food and Drugs - organizationally, financially, manpower-wise, system-wise, methods, physical plant and equipment. Now, this is not an effort that started then and ended now; this is an effort that needs to continue on and on and on. And one of the major problems we have is looking for manpower, industrial pharmacists, people who are capable.

The second pillar is rational use. By and large, most people, especially Filipinos, do not have a correct view of pharmaceutical products. Let me tell you a story. It was 1967 and I had just come back. I am a neurologist, so the rice and corn - the staple food of a neurologist - are symptoms of a headache. We know that 70% of headaches are what we call functional, which is a polite way of saying psychosomatic. So I used to spend a lot of time telling people that the reason they have headaches was because they couldn't get along with their wives or husbands, girlfriends or boyfriends. I found out very quickly that I was losing patients because they were saying, "Luku-lukong duktor ito, hindi ako binibigyan ng riseta." Iyan ang katotohanan dito sa ating kultura, pagkalumabas ka sa opisina ng duktor nang wala kang riseta, walang kwenta ang duktor. I had difficulty squaring with this mentality. So I used to go through that explanation and then I say, "Sa palagay ko, hindi na kailangan ng riseta." Now if I see that the patient was hesitating, I will ask him, "Bakit?" "Kailangan ko ho ng riseta." "Sige, sinasayang mo lang ang pera mo, pero huwag mong sabihing hindi kita 'winarningan'." I guess that's a compromise but that's how I square it with my patients.

I take time to emphasize this because even in the implementation of the National Drug Policy, we have to understand that there's an overhauling that we have to do in terms of how people look at the whole concept of health, health care and pharmaceutical products. Here you have a very famous basketball player promoting Juvelon E. Hindi bale kung kayo ang bumibili ng Juvelon E dahil sa promotion niya. But out there in the rural areas in this basketball-crazy country is some small guy or some poor man with five pesos and he looks at the TV commercial and says, "My golly, I should take this. Magaling pala, Juvelon E, macho pa rin iyan. Kailangan gamitin ko itong limang piso for Juvelon E." Yet, in fact, he should be using his five pesos for his children's milk. I think that's criminal. I think there's something wrong with a system, an environment and a culture that cannot tell people what the facts are, and on the basis of the way that culture is informed, businesses thrive. I'm not against profit but I'm against profit based on the ignorance of people.

I mean to say, therefore, that we are very irrational in the use of medicines. Maybe the best proof of this all is if you take 100 doctors and ask them, "how many of you doctors take vitamins?" Buti kung makahanap ka ng sampu. How many doctors take medicine when they have flu? You know, the best cure for flu is a shot of alcohol, calamansi juice and a warm blanket. So we really are very irrational in the use of medicine. This is why we have been taken advantage of. This is also our fault.

Now if, in fact, there is a need to rationalize the use, why has it not come about earlier? There are at least 3 reasons. Pharmaceutical products, like many health care products, are very unlike consumer products, such as softdrinks, some kinds of food, shirts, shoes, cars, tourism services etc., because you can dispense with those. You don't have to buy those. But when your doctor tells

you, "You need this medicine, otherwise you might die or become more sick, be rendered impotent", I think our people will mortgage their souls to buy that medicine. So it is not a matter of choice. Second, consumers, average citizens, are not in a position to find out what really makes pharmaceutical products tick. Products have a lot of technical details about them and health workers, including doctors, contribute to this mystique. And the third reason is that in a regular consumer product, the one who pays for the product is also the one who decides. You want to buy a shirt, well, you pay for the shirt. But in the case of health-care products, especially pharmaceutical products, the one who decides - the health worker, the physician - is not the one who pays. In fact, he still extracts payment from you. In addition, he has very little knowledge about the financial consequences of his decision. Doctors only have to spend money to buy jewelry for their wives, land or stocks. For poor patients, somebody has to step in and restore some kind of check and balance. That is our role. So for these three reasons, consumer products are very different from pharmaceutical products.

It is in this light that we have to look at the whole issue of generics. And the first thing I want to say is that we have to be very clear about generic names as opposed to generic drugs. Iba iyan. Every single medicine has a generic name, parang apelyido iyan. Why? Because the generic name is the shortened name for the active ingredient of that medicine. And the active ingredient is that portion of the medicine that accounts for the therapeutic effect. In scientific circles, you'll find the active ingredient with a kilometric name and a lot of numbers. So by agreement, the kilometric scientific name is reduced to the generic name. Every single medicine has a generic name. What does that mean? It implies that anybody who produces medicine can put out a medicine that has a generic label. The National Drug Policy requires that every generic name of every single medicine is placed as it comes out of the plant, as it is dispensed by the doctor and as it is sold in the retail outlet: generic labelling, generic prescribing and generic dispensing, whether or not the brand name is put. The law says that the box that comes out also says what is inside, say 'paracetamol'. If you want to put 'Tylenol' or 'Biogesic', that is up to you, but 'paracetamol' and the name of the company must be put there.

People sometimes tell you that if you put the generic label, quality is not assured. Now that's a lot of b.s. If one company puts out paracetamol as 'gawgaw' or 'gawgaw' as paracetamol, it runs the risk of being brought to court and banned forever. So let this message go far and wide and clear to those who contemplate using sugar or starch in generically labelled products.

As for the doctor - when he has to give you a prescription for Rx paracetamol, it is up to him whether he wants to put 'Tylenol' or ' Biogesic'. When you go to the drugstore and present a prescription with 'Rx paracetamol' written on it, the drugstore is obligated to tell you, "These are the different kinds of paracetamol, and their prices. At the end of that process, Juan de la Cruz will be able to exercise his option. This is really all we are asking. We're not telling them to buy this or that or to buy only generically-labelled medicines.

Now why is that important? Well, first of all, from the point of view of safety. But let's first go to the question of prices . Kung pumunta kayo sa botika ngayon, sabihin ninyo gusto kong bumili ng paracetamol, makakabili kayo, singkwenta sentimos. Pero 'pag sinabi n'yong Tylenol, paracetamol din 'yan, piso, o kung sinabi n'yong Tempra, 70 centavos - 40% more and 100% more. Ngayon, sinasabi ng iba, brand equals quality. Hindi naman totoo 'yan dahil unang-una, meron tayong mga regulasyon to make sure that before a product is allowed to be sold, they pass certain tests. And we will continue to improve on these tests. So brand is not equal to quality. When you take food, the appearance, taste, etc. are all part of the essence. But when it comes to medicine, your body systems do not read brands. When you take medicine, the body does not read Tylenol. It just knows paracetamol. That is the difference. What we really want is for people to be informed so that they can exercise their options. Take ascorbic acid, 35 centavos. Cetrin is 68 centavos, or 94% more. Ceccon is 1.20. Who is being fooled? Of course, if someone says he really prefers Ceccon to all other ascorbic acids because he has confidence in it, that is his problem. But, at least, we cannot say, as in the past, that individuals' eyes are being covered.

Aside from that, there is what you call the problem of drug interaction. There are certain active ingredients that counter other active ingredients, like oil and water. Now, if you sell medicines only on a brand basis, you have no idea of the active ingredient. One of the best illustrations of these is in what you call fixed-dose combination manifested by the cough syrup being marketed out there, a very popular brand which contains in the same bottle a cough suppresant and a cough expectorant: expectorant is the chemical that makes you cough out phlegm, suppresant does the opposite. Other cough medicines have an anti-hasminic effect which dries the mucous membrane. If you dry the mucous membrane then the phlegm disappears. Many years ago, the head office of this multinational company told the Philippine subsidiary, "You better re-examine your position on this cough syrup because it contains these irrationalities." But the head office in New York did not order the Philippine subsidiary to withdraw that product from the market because that product accounted for 25% of its sales. Later, however, that product was subsequently withdrawn. By that example, the lesson is clear: patients and doctors have to be informed. I say inform the doctor because I think, if the average citizen does not know the generic name of medicines, the doctors, by and large, are just as ignorant. So this is what we're trying to correct.

Together with generic nomenclature is what you call the essential drug list. The essential drug list from the World Health Organization says that there are only very few, about 250, or even 500, types of medicines or of pharmaceutical products that can take care of life and limb most of the time, maybe about 80%. Even if you quadruple that number to 2,000, it will still be smaller compared to the 12,000 now on sale.

Notice, nowhere have I said here that the doctors are going to be forbidden from prescribing whatever it is they want to prescribe or that they are going to be asked to prescribe only within this amount. What I have said is that every doctor must now familiarize himself with the generic name of every product he prescribes. This is not only good economics - it is good medicine.

Now, let's go to the third pillar, which is the question of self-reliance or self-sufficiency. Ninety to ninety-five percent of what we need to produce end products in this country is imported. There are a number of reasons why that is so, but before I talk about that, let me describe to you the spectrum of production. You start with material, and end with a capsule, tablet or liquid. This goes through a series of steps. Raw material, natural or synthetic, intermediate raw material, active ingredient, formulation, packaging, end-product. So, let's start with packaging. Simple lang iyan, inalis mo sa malaking container, inilagay mo sa maliit. Maski na doon sa kusina ninyo, magagawa mo iyan. Formulation - that's what I call ho-to-tai, a little here, a little there, sugar, coloring, liquid - voila, cough syrup. What comes before that? Making the active ingredient. What comes before that? Intermediate and raw material. If we are going to talk about honest-to-goodness manufacturing, then we have to apply that only to what happens from raw material to active ingredient. That's why formulation and repackaging are not really manufacturing.

But the situation in the Philippines is that the so-called manufacturing activities of pharmaceutical companies here, both local and foreign, are limited to repackaging and reformulation. There is only one chemical company that makes the active ingredients for two types of antibiotics whose intermediates it must still import. All these decades that is what we have been dealing with. Ang tanong ngayon diyan - di ba natin kayang gawin iyon? Kaya nating gawin iyon. The usual argument against manufacturing is that we don't have enough of a market. You look at Switzerland or Sweden. I am not aware of their populations, but I'm sure the number is much smaller than our 57 or 58 million. Another argument is the non-existence of a petro-chemical industry in the country.

The fact of the matter is that over the decades starting 1902, when the American Chamber of Commerce was first put up in this country, whatever so-called investments made in this country were those meant to keep us one big yawning consumer market. Is that the way you want it? I'm certainly not willing to have it stay that way. If a country like Cuba and a country like Algeria and other smaller countries can put up their own basic manufacturing plants to make active ingredients and intermediates, I do not see why we cannot do so.

The master plan that we are doing with the help of UNIDO, the Vienna-based organization, is precisely designed to spell out a situation in the industry where it can be self-reliant in at least some, not necessarily all, of the pharmaceutical requirements. There has been no transfer of technology. Is technology very difficult? Well, I have a list of substances listed generically and the year they were first synthesized, first discovered and manufactured. Let us look at acetylsenesenic acid. It was first synthesized in 1853, a hundred and 38 years ago. Paracetamol was first synthesized in 1878, a hundred and 10 years ago. Or, Aminophilin, which is used for asthma, was first synthesized in 1909, years ago. According to my list, the latest one, indometacin, used for arthritis, was synthesized in 1963. So I'm saying that information using generic nomenclature, and using the essential drug list as a reference point is what you want.

Now on the fourth pillar, procurement, all we're saying is that govenment can procure or import raw material or active ingredients instead of buying the finished product and it will come out cheaper. But one of the things you want to experiment with is this: Let's take paracetamol or some anti-TB medicine. We make reformation and repackaging here out of active ingredients. If we are able to sum up the national requirements country-wide, then the country can do bulk-buying in many countries, especially in those which do not have patents, where we can avail of volume discounts. The foreign companies do not want this. Bakit? Gusto nila sila ang bumili ng sarili nilang raw materials. Bakit? Doon mo pwedeng itago iyong transfer pricing.

What are the obstacles for the National Drug Policy? Let's go to the first part, safe and effective medicine. We have four cases in court, and one of them involves Dancen, an oral fertilitic enzyme which, they say, makes lumps disappear if you take it. The oral fertilitic enzyme is supposedly made up of protein, but the truth is, this protein does not get absorbed by the body since it disintegrates completely in the stomach. So there is nothing to absorb, except your money. The Food and Drug Administration of America is very strict, probably one of the strictest, and it took them 15 years and all sorts of litigation before they were able to ban that medicine. Now it's banned in the States as an ineffective medicine. In March 1989, sale of this medicine will no longer be allowed here in the country. And you know there are many oral fertilitic enzymes.

Some people would say that medicines banned in other countries need not be banned here. That is true. That's why they are under study. But I want to tell you two things: 1) No less than the World Health Organization has said that in countries where enforcement and regulation are not very strict, it is better to ban than to withdraw when safety of the medicine is in question; and 2) Why consider medicines about which there are questions when there are, in fact, medicines about which there are no questions? So the question, therefore, of safety and efficacy is a responsibility of the Food and Drug (Administration).

We have given people notice that certain medicines are under examination. Some companies have withdrawn these products as a result. However, there are those companies that insist on selling their questionable product - we will have to teach them a lesson. Those are not my words, those were the words of the President. On the question of rational use, generic nomenclature and essential drug list, what are some of the obstacles that we face? Misinformation. Brand equals quality. I hope I have demolished that. Or that foreign is better than local. I want to tackle that head on and say two things: Our local entrepreneurs, as I have said, want instant gratification. That has to be corrected. We want them to go into basic manufacturing. Kung hindi nila kayang mag-isa, magsama-sama sila. We want Filipino entrepreneurs to be a real part of development.

The other thing that I want to tell you is that in 1986, when we had a bidding for anti-TB medicines, there were Filipinos and foreigners who participated and we passed them through our bio-availability test. There was a foreign company which failed the bio-availability test. This implies that just because it is a foreign company doesn't mean it will automatically pass tests. I think that that is the product of this brainwashing business. With respect to self-sufficiency, there haven't been many obstacles, although, of course, there are issues to be tackled.

So, now, we have covered the four major pillars. What can you do? This is most important: What can you do? The first thing that you should do is inform yourselves. And relative to that, we are preparing a primer on the National Drug Policy and on the different pillars. This primer is for everybody, including doctors, because we are also starting almost from the same level. We are going to have a massive information campaign in print via primers and newsreports. We are going to use radio and television to inform people and create this awareness. We have even thought about Sunday homilies as possible vehicles for the campaign.

Number two, after you educate and inform yourself, widen your circle. Number three, I hope that you can find ways to organize yourselves and in being organized, help propagate and create a counter-lobby. Let us face it. There are strong lobbies (against the National Drug Policy). I've been told that there was a P20 million-lobby. I've been told that there is a high-level advertising company that is quarterbacking the efforts. That's just natural.

You know, people are saying, ano bang nangyari sa EDSA? Political revolution lang iyon. Eh ito, social revolution na nasa atin kung kukumplituhin iyong political revolution. And you can not get an issue more unifying than this.

What else can you do? We in the Department are looking for help; people who can write, who are comfortable with communication and marketing, who know community work and mass action. I think there are some places to be picketed. So, there are many things that can be done, but the basis for all these is information.

Now let me say about two more things: 1) One of the things I have learned from getting involved in this issue is that this is not a new issue. The core question of rational use, generic labelling of this and that, has been talked about since the mid- 70s or maybe even earlier in various fora: UNCTAD, WHO, and in various other places. So this is an old issue, but with a difference today. There is a role for NGOs and people's organizations to play, but I would dare say, as illustrated by the National Drug Policy, that when the government and, magyayabang na ako, myself in particular, took this up as my own cause, then things started to roll.

Let me quote from the guideline of WHO which Michael has drafted. "A vital requirement" - this is talking about the National Drug Policy, - "is that governments should exert the political will. Even more than lack of resources, this has been a decisive factor in the failure of some countries to ensure adequate provision of drugs in Brazil." And the next paragraph: "The Minister of Health is the most appropriate person to take the lead in developing a National Drug Policy."

The message I'm trying to drive at is this. Whether we like it or not, whether we agree with it or not, you can not disregard the vital role government plays in drafting reforms, and better still, in completing the revolution. And one of the major deficiencies of this government is this - its inability to headhunt. I have spoken out this way many times before the President and other staff. If you go to the States, even before the summer is up, industry-wide, people go to the Engineering schools and look for potential staff. I was just in Singapore about two weeks ago. It is the policy and practice of the Singapore government headed by Lee Kuan Yew himself to headhunt. He looks for the best in the private sector to draft them into government.

The point I'm trying to drive at is this, and this is to all of you including the President. Merong mga isyu, may mga sitwasyon ngayon sa ating bansa na ke gusto natin, ke ayaw natin, ang crucial role ay manggagaling sa gobyerno. And in my book, the key factor here is tao: the combination of people with a clear vision, a stout heart, the ability to blend these well and the desire to do things no matter what they cost. Finding such people is a science all its own. Many times I have argued that at the Office of the President, there should be persons or groups doing nothing but what I call talent banking or headhunting. That is a specialty all its own. So, don't talk to me about all the difficulties - suweldo, working hours, and so on. Huwag na nating pag-usapan iyon dahil lahat iyan maso-solve.

Don't even talk to me about whether you can do something or not. You have to leave that to the one talent scouting. My own dictum is: it is not important to ask how long can I stay, but what is important is even if you're going to be burnt out, can you make the wall fall down during the time you are there? I don't mind banging myself against the wall if that's the only way to get the wall down. Of course, if you bang yourself against the wall and it is your head that goes down, eh di bobo ka. You don't want to do that. You will find me relentless because alam ninyo, sa Department of Health, ang nipis-nipis namin, ang nipis-nipis ng tao. Ngayon pa lang, 3 years into the job, I have already set into motion the mechanism for succession because it will take us three years to spot people in whom we can make an investment, to develop them for our operations. And here we are talking about decentralization. It's pointless to talk about decentralization unless you have not only the structures but also the people who are going to make those structures come alive.

So let me end by saying this. I know I get very emotional when I talk about this. It is only because it appears to me that the National Drug Policy and the concern about pharmaceuticals has for me opened the window into contemporary Philippine society. The National Drug Policy, by the way we stumbled into it, by the way it has been drafted, by the participation of everyone, by the type of obstacles that we face, by the type of propaganda and lobbying that are before us, by the fact that although these needs are for us, we can not do away or realistically say walang pakialam ang mga ibang bayan dito. By that fact it has ceased to become just a health issue. If on an issue like this we can not rally government and the people, then perhaps, on the greater political issues such as the bases and the debt - what kind of hope do we have?

And so my friends, ito lang sana ang gusto kong pag-isipan ninyo pag-alis ninyo dito. I'm a neurologist and in the brain, there is a portion of the brain called the temporal lobe in which you bury all of these experiences. We may all feel good in this hall now because we can support one another. But as we leave these halls and as days intervene between this afternoon and later, some of these things might get blurred and some of you, especially when the difficulties come up, may say, "What was it all about?" I think our first task is to make sure that these concerns remain fresh, ever fresh in our minds, because that is the only way we can assert ourselves as a people.

Source: Photobank

Dr. Michael Tan: Being a discussant here puts me in a rather strange position, which I've been in several times before. I would sit as a faculty member of the University of the Philippines which makes me government, but at the same time, I am with the Health Action Information Network which is an NGO. I don't think we should have split personalities from working in the two sectors, but it does present some problems sometimes because you can say certain things as an NGO which you can not say from the perspective of the GO member and vice versa. Maybe to complicate things further is the fact that I had worked in the WHO, although, of course, I want to qualify that my views do not necessarily represent those of the World Health Organization. The guidelines we came out with were drawn up through a consensus. I'm very familiar with the byworks that do go on, the due process where industry, consumers, and different sectors get together to try to hammer out a little document like this. It took us a year to do this. Now, I will therefore try to speak as both GO and NGO responding to some of the challenges posed by Dr.Bengzon.

First, I'd like to speak as an academician and clarify what Dr. Bengzon said: that this in not a new issue. It doesn't date back even to the mid-70s; it coincides with the entry of the United States and the growing dependency thereafter. As early as the 1930s, we were already 95% dependent on the United States for raw materials. The only local raw material that we were using was quinine from plantations in Bukidnon and today, we are not even using that at all. The quinine plantations and cinchona trees are dying. So the dependency has actually worsened.

We forget that there are many innovative Filipinos; there were pharmacists who were trained at UST and at the University of the Philippines. The tiki-tiki formula which we tend to look down on was responsible for a major breakthrough which is the control for thiamine deficiency. This was discoverd by a Filipino pharmacist, Manuel Samano.

We forget that as early as 1913, the eminent physician Dr. Jose Bantug, had already proposed the idea of setting up a Philippine medical formulary instead of relying on the US pharmacopeia. This was repeated in 1934 by Dr. Josefa Gabriel from the University of Sto. Tomas who asked the faculty "to help nationalize a science which is eminently international so there is a recognition of contributions of Western medicine, but a realization that it must be conceptualized in the Philippine setting". She was not using words like rational drug use and all of this but I think that message was there.

What happened? We did not listen to these voices in the wilderness. When the Second World War broke out, the situation worsened. We see examples of problems we face even today, with little variations. The headline of this story from the Sunday Tribune, June 1942, says: "City doctor makes fake drug, a combination of aspirin and caffeine". Unfortunately, this city doctor was working with the Philippine General Hospital and was an instructor in the University of the Philippines, College of Medicine. My point about this issue on fake drugs is that it takes so little. Drugs are indispensable as Dr. Bengzon pointed out and this may be one reason why so many people go into the production of fake, adulterated drugs. People need them and therefore, there is a market for such products.

Still on the Second World War. Our dependency on foreign imports resulted in a problem because with Japanese occupation, we could no longer import these drugs. We notice the papers promoting medicinal plants: Philippine medicine trying to promote kamoteng-kahoy, studies on duhat.

Why am I bringing this up? My point is that the revival of interest in medicinal plants is reflective of that search for self-sufficiency. It is heartening to note that the DOH has started to consider medicinal plants again but I want to point out to them that we can not rely on this as we did during the Japanese occupation - as a simple crisis response. We need much more than medicinal plants. Our people deserve more than duhat when it comes to certain diseases or ginger or salabat when they have tuberculosis. I'm trying to lead to the point that our culture has become so medicalized we have been convinced, I'm speaking as an anthropologist, that we need drugs that are inessential, which are ineffective and often, even unsafe. Where else but in the Philippines would you have an underworld gang called Ativan? This has been in the headlines for the past weeks in the papers. The Ativan was so named because this is a group that would put ativan, a tranquilizer, into drinks of tourists and prostitutes.

Now, listening to Dr. Bengzon's explanation on the National Drug Policy, I'm glad that a primer has been proposed. My main concern on the National Drug Policy is what is going to happen in the long run. This is obviously a pet subject of Dr. Bengzon, a subject he is very committed to. But we know that in many governments, pet projects disappear when there are changes in the administration. Now, I would like this institutionalized, that it becomes part of our thinking and we must start, as Dr. Bengzon has said, by informing ourselves. The primer is certainly a start.

We have been looking for a written statement on the National Drug Policy besides the speech of Pres. Aquino last year. I think we should start in our own backyard. Here in UP, I'm constantly shocked to find students using Phosellite-B when we know that its active ingredient was an obsolete drug found in the 1940s for which the only chemical trial of any value shows that it improves the flight performance of carrier pigeons, mga kalapati.

I know of colleagues in the faculty who are on Valium to retire from the day after dealing with you students. The tranquilizer seems to be a way of getting down at night. In the morning, they take vitamins and other uppers. And talking about uppers (maybe our representative from the UP College of Medicine will attest to this), last year when I gave a talk at the UP College of Medicine, I was shocked at the number of people who were curious about Reactivan which is an amphetamine-like substance. You take this when you are cramming for exams. We know that there are great risks involved here - blackouts and overstimulation. Have we checked the UP Infirmary? What do we have there? What is being sold at Dilimall? I feel a bit guilty that our agency, supported by UNICEF, put out a compilation of administrative orders on banned, withdrawn and restricted drugs and we have not distributed it within the University.

Now, this is going to take me to a rather sensitive point. I wonder, how much support can be garnered from the University? If I worked at the Health Action Information Network, it is not simply because it is an NGO but because I feel that through such an NGO, a lot of things can be done in a fairly short period of time. I have witnessed that within the bureaucracy of the University, there have been so many constraints. I have been questioned, in fact, about my involvement with the Health Action Information Network. And this presents some problems.

I was very disappointed that when an international organization recently requested the University of the Philippines Department of Pharmacology to co-sponsor a symposium on introducing rational drug use into medical curricula, the Department turned it down on the grounds that they could not co-sponsor with a consumer group. If these are indicators of the type of cooperation we are going to get from academe, then it is discouraging. But I am an optimist. I feel that the faculty members and the students should take up the challenges that have been thrown today. Inform ourselves, and organize ourselves.

Thirdly, all of these groups and networks should be cooperating together. It's easy to take to the streets on other issues, why can't we take to the streets on something on the gut level such as this? Let's also help to transform it. I want to say that it is an emotional issue; that most people are aware of the drugs problem as a matter of cost and safety. Let us try to transcend that emotionalism and bring it to something else so that true rational drug use will come about.

Dr. Andrew Herxheimer, a clinical pharmacologist in Britain, recently met with Dr. Bengzon and he pointed out that rational drug use should start as early as grade school so that we can avoid other problems, including what is more known to the public as abuse of narcotic drug. We forget, however, that all of us are in one way or another, addicts to other drugs as well, whether it is cough and cold remedies, analgesic or Phosellite-B.

Mr. Tagumpay Maniques: My discussion is from the point of view of a medical student who is undergoing the transition from basic sciences to the clinical sciences. In the curriculum of the College of Medicine, we used to have third year medical students as basic sciences students. Now, with the introduction of the Intermed and ICC, third year medical students have become mongrels between basic sciences and clinical sciences.

This creates a lot of anxiety in us because we find ourselves in a very peculiar position. There are some things we learn in the basic sciences that we can not help integrate with reality. I would like to point out a very common situation in which a third or fourth year medical student,or an intern for that matter, receives two types of pharmacological education. The first one I call true pharmacology. This is the one learned in the classroom. That's the one the mentors teach, with all the efficacy, effectivity, contra-education, generics and everything - that's true pharmacology.

But when you get out of the classroom, one encounters another type of pharmacological education which I call pseudo-pharmacology. Everything you learn from lectures in the basic sciences inside the classroom is slowly withered away by another type of education - pseudo-pharmacology.

In pseudo-pharmacology, there is a textbook called PIMS and the mentors are the drug representatives. It's very hard for us to find a congruence between what our mentors in true pharmacology tell us and what our mentors in pseudo- pharmacology tell us. You'd learn that you should be very, very careful in giving this drug, that it has the following contra-indicators, that you must give this in the following dosages, and that it must not be given with such other drugs. When you get out of the classroom, somebody asks you, "Are you a third year, fourth year student?" And then he gives you all sorts of samples. Then a different kind of education comes about within you that really creates conflict. You get free samples. You get all sorts of things, but in true pharmacology, you will be given a difficult time. You will be scolded if you fail exams. But in pseudo-pharmacology, you get all sorts of encouragement. They even tell you, "Doc, you can even give this to your patient. Baka walang pera iyung pasyente mo, makakatulong ito." It's depressing. The sad thing is maybe, not all of our medical students are aware that they're being subtly trapped. They're slowly being weaned away from true pharmacologic education that they should receive, especially when they get into clinical internship. When you're an intern you have an MD degree but you're not called a doctor, because you're not really free to manage your patients and you look for all sorts of role-models who are supposed to mold you into what the University really wants you to be. It is very disappointing that there are very few role-models to look up to. This is from experience. So when we heard of the National Drug Policy,"Wow!" we said. This is the time that certain changes will be made with regard to medical education.

I would like to emphasize what Sec. Bengzon has said about the second pillar of the National Drug Policy, which is promotion of rational use of drugs by both health professionals and the general public. I think that along with it the Department should exert effort to influence medical curriculum. I think we would only be successful in promoting rational drug use if we really penetrate the very core of medical education. Start to educate young people so that when they get into the transitional period they don't get lost. Changing the curriculum itself would not be sufficient because there needs to be a change in the structure too. Necessarily, there should be a change in the people teaching this curriculum. This answers, too, the problem of a lack of role models in medicine. Things like the National Drug Policy should really be inculcated early in our students. It should be institutionalized as an essential component of the medical curriculum. And then, with this institutionalization, administrations may come and go but then we'd still have the idea or the mold.

The second thing I'd like to point out, which Dr. Bengzon has also touched on, is the doctor-patient relationship. As he said, patients do have a say in their medication. Let us analyze the situation. If I see a patient, the patient, as Dr. Bengzon said, will ask for a prescription. He won't go home without one. Not only do we, some doctors, reinforce that behavior, we even encourage such kind of behaviour. Instead of educating our patients, we even get trapped in the way of thinking that our patients espouse. Instead of doctors medicating our patients, the pattern gets reversed: patients influence doctors. So there are two basic experiences that relate to the academic community in which we, medical students, have particularly experienced within the confines of the College of Medicine.

I guess all of us medical students realize the importance of shaping our future. I'm far behind Dr. Mike Tan or Dr. Quijano here. But as medical students, we're very willing to learn if only we get support. As students, we need a lot of coaching to give us direction so as not to fall into the trap that most of our mentors do. As medical students, we're very willing to learn to enhance our profession as

would-be medical doctors. We would also like to view the National Drug Policy as an incentive to our education. But at the same time, looking at the very nature of medical education, we're at the point where we say that although the National Drug Policy could create a dent in the direction of medical education, it won't change much. The whole medical education itself has to be overhauled to really attune it to the needs of our people. Since the ultimate objective of the National Drug Policy is for the people's needs, everyone will indeed be benefitted if we overhaul the whole medical curriculum to make it move in that direction.

Dr. Romeo Quijano: Nagpapasalamat ako kay Sec. Bengzon sa lahat ng kaniyang sinabi, sapagkat naaalala ko na sa isang konsultasyon, siya ay nagpakita ng isang stance na nyutral; hindi man lang nagkokomentaryo. Nagtanong ako sa sarili ko, ano ba talaga ang kaniyang posisyon? Subalit ngayon, nakikita ko na mas malinaw na ang desisyon ng Secretaryo ng Kalusugan.

Subalit, bago po kayo malunod sa alapaap ng kaligayahan, gusto ko lang pong magbigay ng ilang punto tungkol sa katotohanan na ayon sa aking pagtingin baka makalimutan ninyo at baka hindi mapansin.

Ang National Drug Policy na tinatawag natin, sa aking depinisyon, ito'y mga pagtungkol sa paggawa, pag-angkat, pag-empake, pamamahagi, pagbebenta, paggamit at iba pang usapin o gawain na may kinalaman sa gamot. Gusto kong bigyan ng pansin dito iyong malinaw na alituntunin, iyong pagkilos. Ano ba ang mga problemang dapat tugunan ng National Drug Policy o iyong sinasabi natin na pambansang patakaran para sa gamot natin o PAMPAGANA. Ang mga nakikitang problema na dapat tugunan nito, unang-una sa aking listahan, iyong mga gamot "IPIS". Ito iyong mga ipinagbibili upang ipagkamal ng salapi. Sa ingles, Inessential Pharmaceuticals Intended for Suckers. Ito ang mga dapat mawala sa ating market sa kasalukuyan, na ayon na rin sa inyo ay ipinagbibili pa rin hanggang ngayon. Ngunit hindi kayo makakilos upang ipagbawal ang pagbenta ng mga ito sapagkat kayo'y nakademanda.

Para sa akin, napakahalaga ang mga isyung ito sapagkat sa bawat araw na magdaan, ay nilalantad natin sa panganib ang napakaraming mamamayan. Bibigyan ko kayo ng halimbawa, iyong mga gamot na Baralgyn, Gifarin, Gardan. Noong 1984 umabot sa P20 milyon ang naibentang Baralgyn, iyong Gifarin P6.5 milyon, iyong Gardan halos P6 milyon. Sa aking pagkukuwenta, batay sa defined daily dose, mayroong humigit kumulang na 4.6 milyong tao ang nalantad sa pag-inom ng gamot na ito. At may mga pag-aaral na nagkaroon ng konklusyon hinggil sa risk or damage sa mga gamot na ito. Ang mga ito'y nakapagdudulot ng cytosis. Ito ang kundisyong nawawalan ng white blood cells o iyong kakayahan ng taong mabaka iyong impeksiyon. Kalahati sa magkakaroon nito ay mamamatay. Doon lamang sa mga gamot na ito, sa napakakonserbatibong estimate ng risk ay 1:50,000. Ang accepted international figure of risk is 1:30,000 to 60,000 patients exposed.

Kunin na natin iyong bilang natin na 1 sa 50,000. Sa aking pagkukwenta, mayroong 92 kaso ng cytosis na hindi naman sila dapat magkaroon niyan dahil hindi naman nila dapat ininom iyong gamot na iyon - ito'y apat na gamot lamang. Sa inyong listahan ng IPIS, ay mayrong mahigit 30 na mga gamot na mayroong Dipyrone. Samakatuwid, hindi lamang 92 tao ang ating nilalantad sa panganib dahil hindi natin matanggal sa market ang mga klaseng gamot na ito.

Iyan ang gusto kong bigyan ng pansin, iyan ang sinasabi ko nga po sa inyo noon na bagamat may due process na tinatawag sa ganitong pagkakataon, sa palagay ko iyong common process ang dapat manaig. At isa pang problema na dapat tugunan ng National Drug Policy ay iyong dominasyon ng mga dayuhan. Kayo na rin ang nagbanggit sa inyong diskusyon sa mga obstacles na malinaw na mayroong dominasyon ng dayuhan sa ating industriya ng gamot at batay dito sila'y nagkakaroon ng interes, sila'y nakikialam, pinuntirya iyan ni Senador Estrada. Palagay ko, malaki ang inyong magagawa bilang Ministro ng Kalusugan pati na ang gobyerno tungkol sa aspetong ito. At tinitiyak namin sa inyo na susuportahan namin kayo sa pagbaka sa ganitong pakikialam ng mga dayuhan.

Ito'y mayroong malaking kahulugan din doon sa ikatlong haligi, iyong sinasabi ninyong self-reliance tungkol sa industriya ng gamot. Bago ako magpatuloy, may isang mahalagang aspeto dito sa National Drug Policy na tinatawag kong PAMPAGANA. Iyong sinasabi kong pampagana dahil sa

umpisa iyon. Mayroong isang balakid, ito naman iyong sinasabi kong PINIPIGA. Ito iyong Pinipinong Patakaran sa Ipinagbibiling Gamot. Ito iyong antas na mayroon tayong interference. Sa unang antas na PAMPAGANA, napunta na tayo sa PINIPIGA at palagay ko dapat maging maingat tayo diyan. Iyan ay napakahalagang isyu na dapat nating bigyan ng pansin.

Ang pangatlo, iyong mataas na presyo ng gamot. Palagay ko kumbinsido naman kayo na talagang mataas ang presyo ng gamot at talagang dapat ibaba ang presyo nito. Kaugnay dito iyong kawalan ng sariling kakayahan ng mamamayan na makabili ng gamot na kinakailangan, iyong hindi mga IPIS. Mayroong maldistribusyon sa mga gamot na ito. Iyong mayayaman, sila ang mayroong kakayahang bumili ng kailangan nilang gamot, iyong mahihirap wala. Patuloy pa rin po ang sitwasyon na iyan.

Pang-apat, iyong promosyon at patalastas ng mga gamot. Kayo na rin ang nagbanggit ng mga halimbawa - hindi makatotohanan at talaga namang manloloko. Kaugnay dito, mayroon na kayong mga patakarang napirmahan ukol sa mga prescription drugs advertising at promotion of prescription drugs. Marami akong mga reklamo doon sapagkat palagay ko maraming kakulangan. Gayunpaman, naroon sa guidelines na hindi maaaring mag-advertise iyong mga drug companies ng prescription drugs sa mass media, kasama doon iyong dyaryo. Subalit binalewala ang patakarang ito.

Nasabi'ko kanina na marami pang deficiencies. Dito sa kolum ni George Navatru II, binanggit niya ang Boltarin. Malinaw na paglabag na naman sa guideline iyon. Ibinibigay ko ang mga halimbawang ito para mapakita iyong punto ng isang haligi noong nasabing National Drug Policy. Kinakailangan iyong epektibong pagpapatupad ng mga alituntunin kung hindi mababalik tayo sa dati, gaano pa man kaganda iyong ating sinasaing na National Drug Policy.

Kaugnay pa rin sa PINIPIGA iyong kawalan ng layunin at makatotohanang impormasyon sa gamot. Nakahanda kaming tumulong ukol diyan. Ganoon pa man, ako'y nababagabag din sa takbo ng isang elemento ng National Drug Policy, halimbawa, iyong generics. Ako'y natutuwa sapagkat malaki itong pagbabago kung ikukumpara sa dati. Subalit kung titingnan natin, iyong orihinal na rekomendasyon ng komite ukol sa generic, malinaw ang kanilang intensiyong gawing dominante ito. At doon sa Senate Bill, nakalagay din doong prominente ang generic name over the brand name. Nakalagay din doon na obligado ang mga manggagamot na ilagay ang generic name sa kanilang pagrereseta. Subalit tinanggap ang compromise position na kailangang ilagay din ang brand name. Sa aking posisyon, hindi na kailangan itong brand name. Kung meron mang paglalagay ng brand name, iyon ay transisyon lamang upang bigyan ng pagkakataon ang mga duktor na hindi pa bihasa sa generic. Subalit sa bandang huli, dapat mawala nang tuluyan iyong brand name na iyan sapagkat nasisira iyung intensiyon sa pagpapalaganap ng generics. Kung meron pa ring brand names magkakaroon pa rin ng pagkakataon ang mga kumpanya ng gamot na lumikha ng brand loyalty na tinatawag natin.

Lalo akong nababagabag doon sa Lower House Generics Bill. Doon sa Senate Bill meron ding requirement na dapat iyung kumpanya ng gamot gumawa ng generic drug sa mga produktong meron silang brand name - ito'y ukol sa reproduction ng generics. Pagdating doon sa Lower House, nakatay, nawala iyon. Bukod doon, isang importanteng pagbabago, dito sa Section 5, Use of Generic Names: "Medical practitioners, in giving out prescriptions must indicate the brand name of the drug printed above its generic name." So compulsory pa ang paglalagay ng brand name.

Kailangang tingnan natin kung ano ba talaga ang impact ng ito pagdating sa implementasyon. Natatakot ako na ang maging ikatlong antas ng National Drug Policy ay magiging NAPAGOD Lamang. Ito iyong Napagod Patakaran Para sa Gobyerno Lamang. Mayroong mga pagbabagong nawawalan ng bisa iyong orihinal na intensiyon ng National Drug Policy. Dapat tayong maging maingat diyan. Dapat sana, ang gawing pinal na porma ng National Drug Policy ay Natupad na Patakaran Alay Sa Sambayanan. Sa madaling salita ang sinasabi ko po dito ay kinakailangang bantayan natin palagi, natitikman na ba iyan ng sambayanan? Para sa akin, hindi pa, kaya kailangan maging masigasig pa tayo.

Sec. Bengzon: I want to comment on two things that Dr. Quijano said. Number one, there are many techniques na puwede mong gamitin para talunin ang kalaban. There are many ways of skinning a cat, but I am not bound to reveal all the ways that I know. That's part of the art and science of

government. Siguro naman kung tatanungin ko sa iyo magmula nang magkita tayo hanggang ngayon, siguro naman puwede mong sabihin, hindi para malunod ako sa tuwa kundi para magkaroon ng kaunting kumpiyansa, na mayroong kaunting kaibahan. So in effect, what I am saying is not so much kaunting pasensiya but you have to have some belief and some faith in us. And I think that that faith and that belief is not unmerited.

Number two, tamang bantayan ang mga sektor because that is the essence of accountability. But tao rin kami, there are also times when we also need a pat in the back because if we get kicked all the time, we'll get bruised.

Doon sa concern about institutionalizing, I want to assure you that the National Drug Policy is not a project, much less a pet project of Sec. Bengzon. It is a vision of the Department and the way we have gone about it will make sure that whoever is the secretary or whichever government rules has no choice but to pursue the direction we have started. This is the policy and the guidelines we have used in the Department, not just for the National Drug Policy but for all of our programs. This is the way we have organized the Department.

So I welcome those comments and I would wish that you keep us on our toes. Make us accountable to you. Call our attention every so often when there's a need to call our attention. But I think, it is also important that you give us the support.

Prof. Bailen: In the middle of your speech, Sec. Bengzon, you said that if we cannot make a headway in this drug issue, we don't expect to do so on more serious problems like the military bases. At the same time, at the end of your response, you said that we have to make you accountable to us. I'm going to pin you on this at this very moment. This has to do with giving us an assurance that you will come up with a high degree of result in carrying out this beautiful formulation on paper. There's a wide chasm between the policy as formulated on that piece of paper and whether or not it will operate beautifully, tolerably well in the real world.

Now I'm going to make you account to us on a very particular, very specific issue that has alarmed the country several months ago, the controversy on fake Tanduay. My reading of the situation, and I think this is shared by a lot of consumers, is that your department has not actually resolved this problem, that you actually sided with the interest of the business sector instead of protecting the health and welfare of the consuming public. I suppose that if you cannot muster your resources to battle against a solitary windmill, I doubt if you can make a headway combatting a thousand and one windmills.

Sec. Bengzon: I will respond to the first part and ask Dr. Dayrit who knows more about the Tanduay issue to speak on it. Let us look at the specific issue of the National Drug Policy. Number one, the question of safe, effective medicine. There are a number of medicines under review and the companies responsible for these medicines have been warned. Some of them have withdrawn their medicines. When the period elapses, those medicines that have not been withdrawn will either be banned, restricted, withdrawn or whatever. So there will be action.

Number two, on the matter of rational use. There are two bills being proposed in Congress and I think they will be signed. You need only to look at what will happen in the Department of Health hospitals and doctors because these are the ones under our control in terms of having them prescribe medicines using generic label.

Number three, on the matter of self-sufficiency. The RP-UNIDO study is in its fifth month and should be finished by the end of the year. That is a major foundation in terms of fulfilling the goal of self-sufficiency. There's a lot of difference between what you call the Tanduay issue and one company as opposed to the National Drug Policy. I don't know if we can tackle all of it here, but I hope Dr. Dayrit will tell you that there are a lot of question marks about the findings there and because of these question marks, you may get the impression that things are not being done. I think that your conclusion about my siding with business is not based on facts and, therefore, not acceptable.

Lastly, sure, I'm going to be held accountable for the things that I promise, but you as an ordinary citizen have no less than the responsibility of making sure that first, you understand the National Drug Policy, and second, both as an average citizen and as a member of this community, you have the responsibility to let other people know and understand this issue well.

Dr. Dayrit: What happened in the Tanduay investigation was that patients in the Philippine General Hospital raised the alarm and the press picked it up. And basically it was blown up as if it was one big epidemic. In a situation like that, you're overtaken by events, but you have to carefully distinguish fact from fiction: what is made-up by the press and what is not. We did very careful case control study, that is, we specifically looked at those who died of related incidents and those who did not. The problem in this whole case was that everybody was pointing at Tanduay. You could just imagine the type of emotion and the type of difficulty that is involved in this. Tanduay is one company that's hiring thousands of people and on the other hand, you have reports that claim Tanduay has actually poisoned the population. That's basically what the press was trying to say. What we actually found out was that when we investigated, there was actually banned or fake rhum found in the market. There was some toxic level there, but scientifically, we couldn't pinpoint that the rash of cases was, in fact, due to the fake rhum because its toxic level was still very low. Eventually, our findings will be raised in the courts and then the final judgment will be made. As far as the Department of Health is concerned, our duty is to make facts scientifically clear. We have to put all these facts on the table so that the proper authorities can make the proper judgment.

Mr. Lustre: Senators Lugar and Armstrong of the United States of America have warned that the implementation of the National Drug Policy will have serious repurcussions on the flow of US investments into the country. How would you handle such a situation? What is your reaction? Meanwhile, drug firms are said to have an inventory of drug labels for the next four to six months. They claim that the immediate implementation of the National Drug Policy of 1988 would put them in an awkward situation because of these inventories. Knowing their predicament if the department implements such a law, would you be able to solve this?

Sec. Bengzon: Let me answer the second question first. That is precisely why the law provides for the Department of Health to create appropriate guidelines for implementation. Yes, we do have to provide for a transition, but it is not as if nothing will happen during the transition. I think we recognize that there is extensive and full information and education drive that needs to happen and we ought to do that even now.

With regard to the flow of investments, I look at it as a chess game. All the pieces are on the table, you know all the moves. Besides from where I sit, what is important is making sure that safe and effective medicines are rationally used. We know that the so-called investments have happened over the decades. If investments will just make use of us as consumers, then that is not the kind of investment we want here.

Prof. De Leon: I would like to know what the Department can do regarding the protection of the doctors themselves, in strengthening their resolve or developing their sense of nationalism or moral strength against multinational drug companies which give them many benefits, including scholarships abroad. I fear that some interns and residents are even in the payroll of these multinational companies. I think doctors are very important factors in the implementation of the National Drug Policy.

Sec. Bengzon: In many countries, doctors have, in fact, been prescribing medicines using generic nomenclature. As a group, however, there have been more obstacles. We have to pursue this concern on two or three tracks. First, massive information, as I have said. Second, there is the law with its penal provisions. And third, I would like to believe that organized medicine - Dr. Del Rosario here of the Philippine Medical Association, the specialty societies and in fact people who can help us as role models - has a very important role to play. I would like to be optimistic and believe that my colleagues by and large are well-intentioned. It is just that the system that they have been put into is big and difficult one. That is why it is the government together with responsible and key people in the private

sector who must refashion the system and reset the ground rules. Hopefully, with that refashioning, these doctors will follow suit. It is a two-way process. There are no corrupted when there are no corruptors and vice-versa. Drug companies are saying "papaano, hinihingi ng mga duktor iyan".

Prof. David: Mayroong mga katanungan dito ukol sa generics. Una, handa ba kayo sa maaaring pagtaas ng presyo ng mga generics kapag naisabatas na ang paggamit nito? Pangalawa, alam ninyo po ba ang ginagawang panggigipit ng mga drug companies sa pamamagitan ng pagbibigay nila ng napakaliit na quota sa kanilang pagbenta ng generic drugs? Ano ba ang magagawa ninyo dito? I am a government physician, an employee of the Department of Health. We are supposed to promote the use of generic labels but why are free medicines from the department itself labelled with brand names? Please change all of those to generics so that the people will get acquainted with generics.

Sec. Bengzon: Tama iyon. To specify, let me reemphasize that the law provides that every medicine that comes out of the factory must have a generic label. Other than that, there is the brand name. In that sense, iyong nakikita natin sa department will change once the law is operative. This is what I was saying earlier. We have to distinguish between generic nomenclature, which is mandatory for all drugs, and generic drugs. Ito ang ginagawa ng isang kumpanya ngayon: they have their brand names and then they have this small division that gets from the same process, same product, and puts it in a different bottle, labels it with a generic name and sells it cheaper. In effect, there are three things that the end-user must keep in mind: 1) what are his other options of medicines of different sources which have the same generic name; 2)eto ba ay pare-pareho lang? (for single ingredients, they should all be the same); and 3) the price differentials. Maybe you should ask them if his doctor is going to insist on this or that generically-labelled medicine from this or that company.

Finally, the question of increased prices of generic - well, this is where you'll use the term generic drug appropriately because what some people could do para siraan itong generic issue is to come out with medicines containing only generic labels and deliberately sell them high, para sabihin nilang mahal ang generics. There is another permutation: come out with medicines that are generically-labelled and make them deliberately of poor quality. We are aware of these. But everything that comes out of a factory contains the name of the producer. I say, these producers better think twice for their own peace of mind because we're certainly going to close them down.

Dr. del Rosario: I would like the audience to know the impact of the National Drug Policy on physicians, because after all, we are a big factor between the manufacturers and the implementors of the National Drug Policy. With very inadequate information, naturally, the doctors were at first confused. Last night I was in Samar, asking the doctors their impression on the National Drug Policy. Their question was on the manner of implementation. Doctors have been caught off-guard in this sudden change in policy, and for a time, especially when there was very meager information, they thought that, for example, generic prescription was compulsory. You can imagine a physician out of school for a decade, two or three decades, memorizing brand names and then suddenly, being forced to write generic names. They feel dislocated.

There was also a question about the proliferation of ineffective medicine because no less than the Sec. of Health, one time in an article in a local newspaper, said that there are currently many fake drugs in circulation. This was met with apprehension because the physicians know and assume that any drug that is licensed to be marketed has passed the quality control examination of the Food and Drug Administration. And not only in the testing of quality and effectivity. We also suppose that whatever is written about drugs in brochures was tested by the Bureau of Food and Drug to correspond to the actual effectivity and safety of the drug. Now if it is true that there is no actual correlation between the actual quality and effectivity of the drug and what is written in the brochure, then doctors will again be confused. Are we prescribing the right drug that has really been tested so that we will not be guilty when we prescribe it to our patients, especially when they produce untoward reactions?

The other apprehension is, if we write purely in generic terms, a practice that is happening in Indonesia may also happen in the Philippines. In Indonesia, when a doctor prescribes a generic drug and the prescription reaches the pharmacist, he loses control there already because the pharmacist would say, "This is a generic name, there are other brands that are under the same name." So it is now the pharmacist who may influence the patient as to which kind of generic drugs will be sold to the patient. This can very well happen here too.

In a public hearing, Sen. Mercado said that he wanted names of generic drugs to be written in a very conspicuous place in drugstores with their corresponding prices so that patients will have the privilege of choosing drugs that he will use. I asked him, "Hon. Senator, are you not encouraging self-medication?" So what will encourage the patients to go and seek professional advice? He might as well ask a pharmacist to look into the list of drugs. I'm not afraid of losing in business. I'm just afraid that some of these patients will get their own drugs which might kill them or produce allergic reactions. Kawawa naman iyong mga pasyente.

Sec. Bengzon: Firstly, on taking drugs. That medicines produced and labelled with brand names are automatically protected from fake drugs seems to be a common assumption. Well, Dr. Del Rosario, I'm going to show you that you will not be able to distinguish which is fake. The production of fake drugs in this country is so sophisticated that there are even drug agents you will not be able to recognize unless you are professionally trained. Therefore, to say that selling or handling a bottle or a box which contains the brand name is an assurance against fake drugs is not correct.

Secondly, you were saying that you hope generic prescription is not going to be compulsory. It will be compulsory. The law says so. Let us take Paracetamol. It is up to you if you want to use Tylenol or not. That is no big deal. We all have our neurons. If I'm used to prescribing Tylenol, all I have to do is find out what the generic name of Tylenol is. Then I will write "Rx Paracetamol (Tylenol)". That's no big deal. If you say that doctors have been brainwashed into using brand names, then the obligation is for doctors to know what the generic names of particular brand names are. It is as simple as that.

And then you were concerned about substitution. Well, we always look at America as a model. I refer to Journal of American Medical Association, March 1988, which has an article by Stewart Nightingale and James Morrison for the Bureau of Food and Drug, in which they enumerate states where substitution is, in fact, already a law. In these states, pharmacists are allowed to substitute.

What I'm saying is this: If a patient brings a prescription with "Rx Paracetamol (Tylenol)" written on it, the patient should ask the doctor whether he or she should buy Tylenol come hell or high water, or are other types of Paracetamol alright? If the doctor insists on Tylenol for whatever reason, then that is their business. For me, enlightening the patient should not make anyone insecure. In fact, I think the physician should be even more secure.

As to the matter of self-medication, there are two sides to that. If a person is properly informed, he is his own best doctor and he may find out that the best thing to do is not to take any medication at all.

Dr. Del Rosario: There was something I think that need not have been mentioned there. The Honorable Secretary thought I said that if a drug is packaged with a brand name, it is not fake. I didn't say that.

Prof. David: How do you **prevent** self-medication?

Sec. Bengzon: You can't prevent self-medication among Filipinos. We do so many things by ourselves. I think the trick is to turn around that ingenuity and use it for something positive.

Dr. Del Rosario: I think what the doctors are requesting the Honorable Secretary to do is to give them enough time to adjust, a transition period until we have made representations in both houses

of Congress. They wanted to implement the law within 15 days. My golly, this will be a catastrophy to private physicians, to companies. Give them a moratorium.

Prof. David: How much time are they asking?

Dr. Del Rosario: Five years.

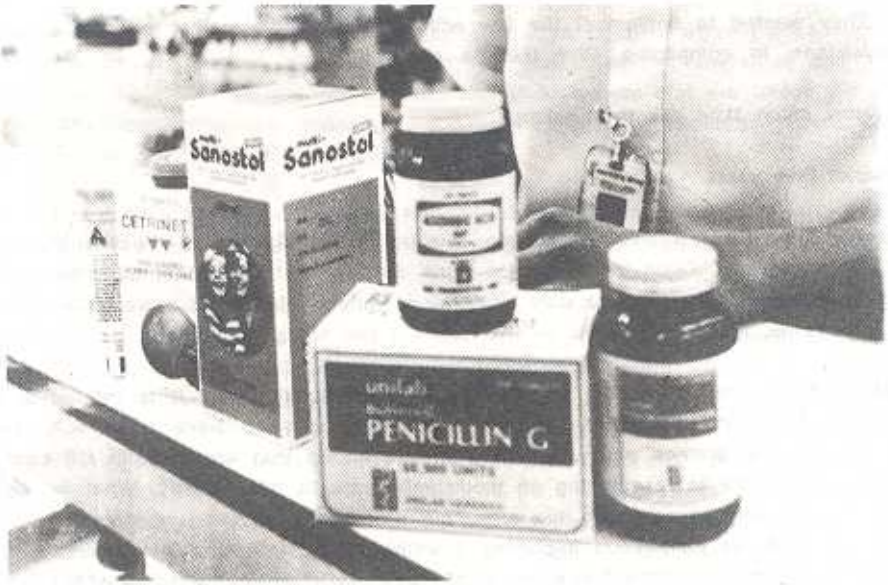
Sec. Bengzon: I think Santi needs a little help. The law, once signed, is effective immediately. It is not effective within 15 days. Once the President signs the law, it takes effect immediately. But the law also provides that the DOH is going to work out the operational details of a transition period. But five years, that's impossible, it's not going to be five years. I can tell you that.

Dr. Caoili: My question has something to do with institutionalization and it is related also to one of the goals of the National Drug Policy which I am very happy to have been following. This has something to do with our science policy. I think everyone knows that scientists in UP Los Banos have been active for a long time in researching on medicinal plants in this country. What is the department doing to promote not only research in this area, but also the production of drugs out of these raw materials? As you said, we have been importing something like 90-95% of our raw materials. Is there any link between the efforts of the Department of Health right now and those of the Department of Science and Technology through which we can try to promote this very important area of research and development, so that side by side with your National Drug Policy, we can also attain self-sufficiency much faster than we can envision now?

Sec. Bengzon: At least, in terms of herbal medicine tapos na tayo sa research. You go the UNIDO headquarters in Vienna, they will show you volumes and volumes of researches of DOST, PCHRD, the old NSTA and UP in which the ability of the Philippines, as far as herbal medicine is concerned, is established, respected. What we need to do now is to make the transition from research to commercial production. Part of the problem with research is they don't want to end research because that would also mean the end of the grant. We inherited four herbal plants, all of them unfinished, in Tuguegarao, Tacloban, Cotabato, and Davao. The plant in Cotabato has made a test run and has started operating. I think you know of the four medicinal plants, including Yerba Buena and Lagundi. So what we're doing now is moving into commercial production. There is a cause in producing herbal medicine, no question about it. We must also make sure that production of herbal medicine is competitive. I'm saying that we are going to do some very astute marketing and commercial moves because people say, "Herbal medicines? Para sa mga aso lang iyon, para sa mga katulong lang iyon". And this is not helped any by the fact that when you go to the regions, people tell you very proudly, "Mr. Secretary, heto po ang aming herbal plant", literally, plants out of the pot. They will take the leaves and boil them. Hindi na tayo panahon ng Hapon. We need honest-to- goodness scientific methods.

Finally, you asked, what is the link between DOST and DOH? The link is Dr. Quentin Quintanar. I don't know if I'm going to reveal a secret here, but he is certainly going to be very active with us in the DOH. And this is how we are going to institutionalize this: one small plaque for science and technology. I am really appalled at how little the budgetary support is for science and technology. There is no country that has developed without the support for science and technology. I say that it is also the fault of scientists because until we can convince decision-makers, for example, national and political leaders, that science is not something up there in the ivory tower, but has a bearing on the lives of people, we are not going to make a headway. That is the thing that scientists need to do. They need to be skilled in communication, marketing, politics.

Dr. de la Paz: I am from BUKAS, Bukluran para sa Kalusugan ng Sambayanan. My question is regarding the current status of BFAD. Since we met with you on the multi- sectoral consultations in March 1987, one problem that came up was the inadequacy , even the incompetence, of some people from the Bureau of Food and Drugs, and there was really an urgent need for the strengthening and even the overhauling of the BFAD.



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When we had a meeting with you again in November 1987, we asked you the same question, and you said that it was so difficult to expect many results at that time. There were only 41 inspectors to serve the country at that time, and when we asked you why you were limiting yourself to 41 inspectors, you said there was no budget.

In a recent forum, I asked Undersecretary Taguiwalo the same question, relating it to the priorities of the Department of Health. The answer was again that there was no budget. Now, you're saying that the budget is no problem, you can just take people in. I would like to ask, "have the priorities of the Department of Health changed towards really meeting urgent needs of the people, or has the budget of the department increased?" It seems to me now that you're saying budget is not a problem, whereas before when we were asking for immediate, concrete results, we were always bogged down by "lack of budget".

Sec. Bengzon: Budget is always a problem. But the question here is what you can do with what you have. Now, if you're asking about the budget for Health in general, of course, it is insufficient. But within what's there, within the ceiling that's given us, there are certain things we can play around with.

Pres. Abueva: Well, this is a very important encounter as you realize. We have a visionary political leader who really applies his intelligence and dedication to his assignment in government. Somehow, Sec. Bengzon has demonstrated to us that many important changes or reforms can be instituted. But he's also saying to us that we, especially intellectuals and students, must also bear the burden of helping to realize these reforms and these changes. All of our leaders need help and followers who are informed and are willing to go out of their way to help spread new ideas and to help implement new policies and programs and the encounter is good because it's so easy, you know, to sit in our ivory tower or be in academe and be over-critical of our government. Now, there is much that you should be critical about. But when we recognize and realize that some very good things are also being instituted, it is our responsibility to give support, to help spread the word, and to sustain the backing that important changes require, especially when there are well-entrenched interests to maintain status quo.

And so we are grateful to you, Sec Bengzon, and others who have preceded you here to have shown us this same kind of visionary leadership coupled with political savvy and grit and determination to realize these reforms. You have given us hope that there are good people in government and that there are good ideas being introduced and that we have a part. We cannot just be critics all the time. We have to be supporters also a good part of the time. Thank you.